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The role of faith, place and health in addressing health inequalities

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Honorary Associate Professor, Institute of Ophthalmology, UCL
Associate Editor Evidence Based Nursing Journal**



Learning outcomes

At the end of the session, attendees should be able to:

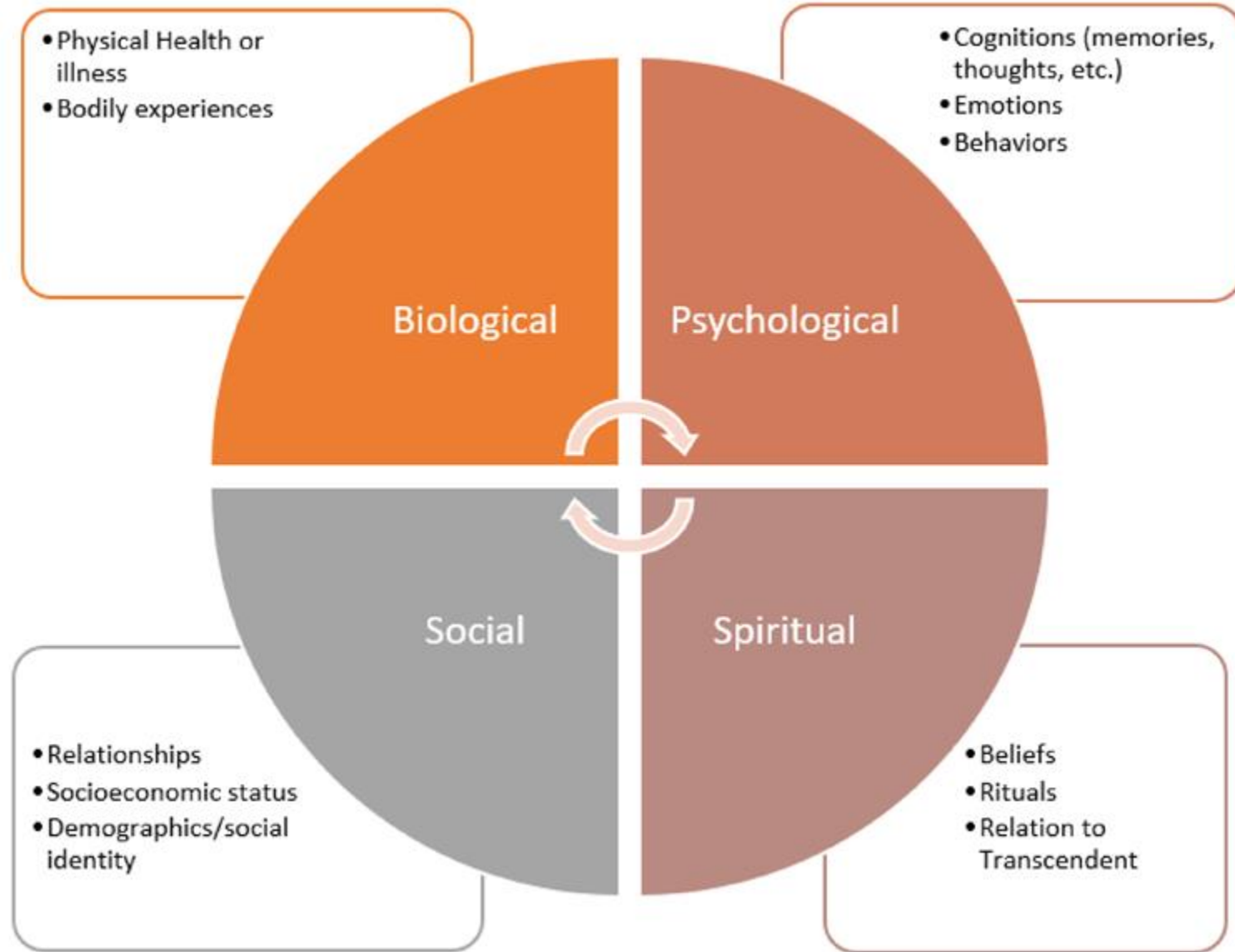
- 1. Recognise and discuss the role of faith in tackling health inequalities**
- 2. Discuss the role of faith in research process**



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Facets of a person



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Eye care solutions for the minority ethnic community



- Decreased awareness
- Socio-economic restrictions
- Language barriers
- Religious and cultural beliefs
- Societal stigma
- Fear of the unknown
- Mistrust
- Initiate/support hospital-based or community-based education programmes
- Tailor sessions for your community
 - Location: where people gather – Church, Mosque, Temple, hairdressers, community centres, Zoom





Sahara - Supporting older South Asian people in and around Medway, Kent



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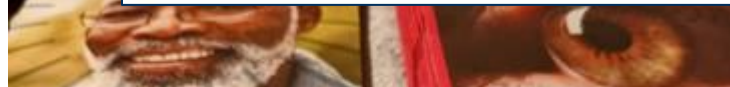
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Or, open your smartphone camera, point at the QR CODE on the right, then click the link to go to the website.



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રોમ - સંશોધન પર તકો મૂરફીલ્ડ્સ

સંશોધન અભ્યાસમાં ભાગ લેવામાં રસ છે? મૂરફીલ્ડ્સમાં મું સંશોધન કરવામાં આવે છે તે આકાર આપવા માંગો છો?

research.moorfields.nhs.uk પર સમીક્ષાઓ

અથવા, તમારા સ્માર્ટફોનને કેમેરા ખોલો. આ તરફ ધ્યાને કરો જુઓ QR CODE, પછી આની લિંક પર ક્લિક કરી વેબસાઇટ પર જાઓ.



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રોમ - અનુસંધાન અવસર મૂરફીલ્ડ્સ

एक शोध अध्ययन में भाग लेने में रुचि रखते हैं? मूरफ़ील्ड्स में क्या शोध किया जाता है, इसे आकार देना चाहते हैं?

research.moorfields.nhs.uk में शामिल हो जाओ

या, अपना स्मार्टफोन कैमरा खोलें, इंगित करें दाईं ओर QR कोड, फिर लिंक पर क्लिक करें वेबसाइट पर जाएं।



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રોમ - મેઠ નઠ ઘેગોડર્સિંઘદેંબેમ જડલીદરુમ

શું તમને વિશેષ મેઠ ખોલવેલ વિશિષ્ટ કાર્યો માટે વિશિષ્ટ અભ્યાસમાં ભાગ લેવાનો રસ છે? મૂરફીલ્ડ્સમાં શું સંશોધન કરવામાં આવે છે તે આકાર આપવા માંગો છો?

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ના અથવા તમારા સ્માર્ટફોનને કેમેરા ખોલો. આ તરફ ધ્યાને કરો જુઓ QR CODE, પછી આની લિંક પર ક્લિક કરી વેબસાઇટ પર જાઓ.

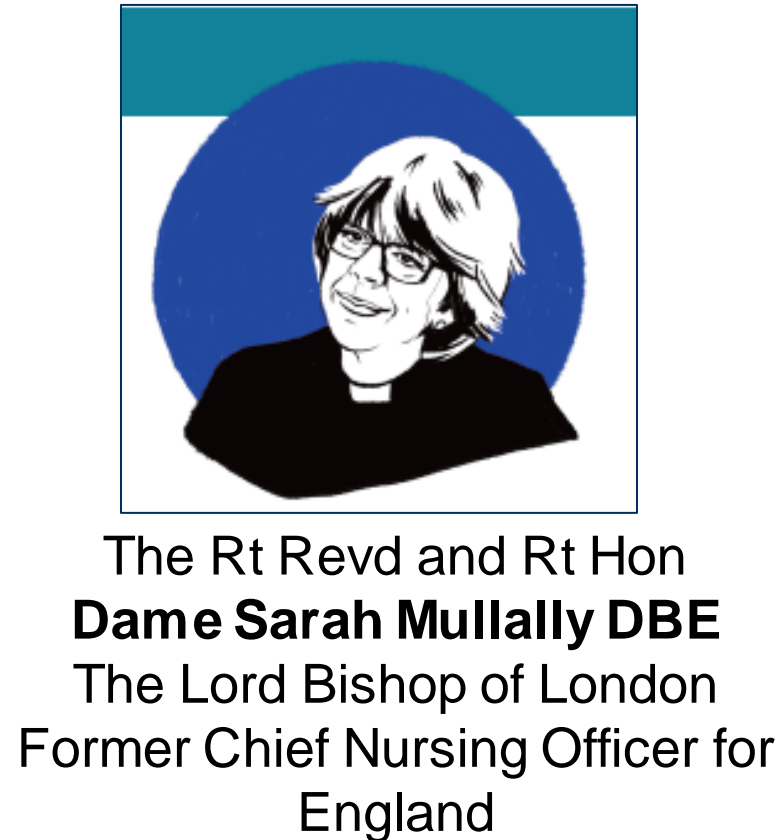


Gujarati

Hindi

Punjabi

Exploration of the use of faith as a leverage to tackle health inequalities.



The Health Inequalities Action Group Membership



Professor Calvin R Moorley RN PhD
*Chair of Diversity and Social Justice,
 Senior Lecturer and Registered Nurse
 London Southbank University*

LSBU



Dr Chi-Chi Ekhaton MBBS, MRCPCH, MRCP
GP and Chair of Five2Medics at Ascension Trust



Dr Deesha Chadha OBE
*Co-Chair of Faiths Forum for London and
 NEC member Hindu Forum of Britain*



Dr Jo Bibby
*Director of Health
 Health Foundation*



Leonie Lewis MBE (1955-2022)
*Late Vice Chair of the Faiths Forum for London,
 Trustee at Interfaith Network*



Rita Chadha
*Director
 City Sikhs*



Dr Roxanne Crosby-Nwaobi
*Associate Professor at UCL and Lead Nurse
 for Research at Moorfields Eye Hospital*



**The Rt Revd and Rt Hon
 Dame Sarah Mullally DBE**
The Lord Bishop of London



Sheikh Mohammed Mahmoud OBE
*Senior Imam
 East London Mosque*



Pastor Verona Crossfield
*Lead Pastor
 Freedom Worship Centre UK*



RESEARCH AND DESIGN PERSONNEL

Author and Group Secretariat: Jessica Agboola

Research interns: Caroline Powell and Iona Lim

Context



Some of London's most pressing health inequalities are air pollution, smoking, alcohol and substance misuse; mental health in children and young people and poorer maternal healthcare outcomes for Black women.



British society is made up of people from a range of faiths. More than 60% of people in England and Wales (71% in London) identify as religious— most are Christian, Muslim, Hindu, Sikh, Jewish or Buddhist



Churches are delivering care to those in need worth twice as much as the total spend on adult social care by local authorities. The yearly social value of churches in the UK and the activities undertaken therein is around £55 billion*

Data collection

Town hall focus group 1: Intra-faith – Anglican Church, Hackney

Town hall focus group 2: Inter-faith - Mosque in Tower Hamlets

Data analysis: Thematic analysis.



Themes and Insights



1.1 The COVID-19 Pandemic - Self-efficacy and Faith Groups' Response to Bereavement

1.2 The COVID-19 Pandemic - Self-efficacy and Faith Groups' Response to Vaccination Rollout

2.1 Influence and Social Capital of Faith Leaders

2.2 Spiritual Bypassing and Misinformation

2.3 Education

3.1 Mutual Trust, Value and Dignity

3.2 Data

3.3 Funding

3.4 Faith groups as Healthcare Service Providers or Advocates

3.5 Faith Groups as Social Prescribers to Widen Access

4.1 Discrimination, Knowledge, Care and Cultural Sensitivity

5.1 Interconnectedness and a Greater Focus on Social Determinants of Health



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Key points

- Faith institutions, in some ways, can be regarded as civic institutions which represent and reach diverse groups of people and backgrounds.
- Faith groups and faith-based organisations should be legitimised as valid community assets to continue their good works.
- There should be public value placed on the relational and social capital faith groups have and can leverage to restore trust in contemporary society, by including them in place-based public health and policy planning.



“

“There is a goodwill tax on people of faith. Faith organisations are uniquely placed to address health inequalities in their local communities...

Going forward, faith communities will need to be equipped with the fundamentals of public health and health promotion to effect change”

Professor Calvin Moorley

Leadership

- Nurse researchers using knowledge and skills to address health inequalities
- Research internships:
 - Two 2nd year nursing students seconded onto project as part of placement.
- Policy:
 - Presented to Mayor of London to look at further development
 - Due to presentation at Houses of Parliament



Role of faith in research process



https://www.reddit.com/r/gifs/comments/22v7us/lets_not_forget_the_greatest_shoethrow_dodge/



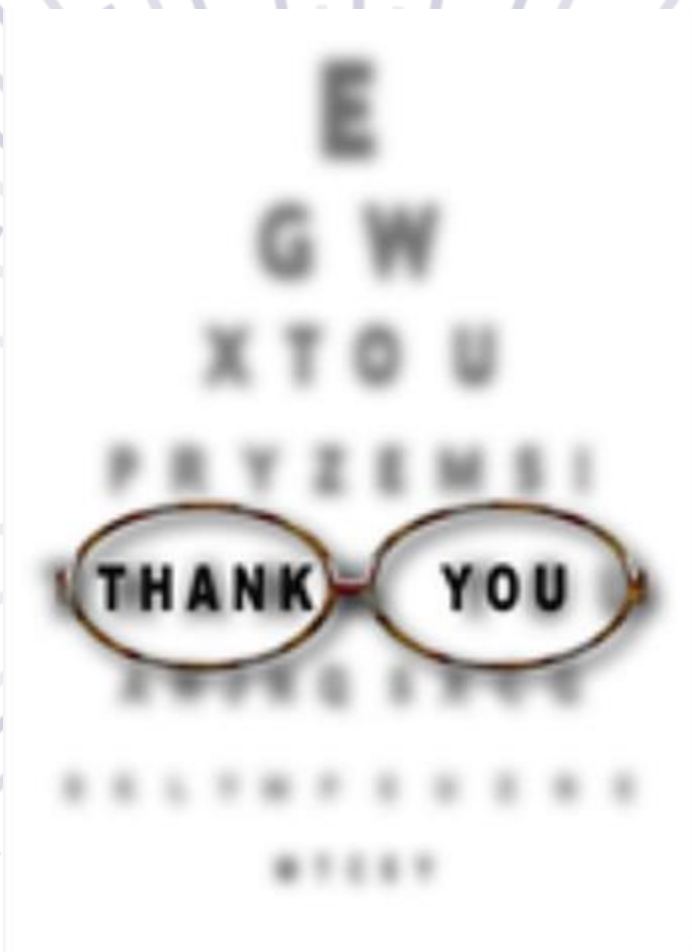
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